

DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE
CREDENTIALING DIVISION
P.O. BOX 94986
LINCOLN, NEBRASKA 68509-4986
(402) 471-2299

APPLICATION FOR A TEMPORARY PERMIT IN OCCUPATIONAL THERAPY

SECTION A - Personal Information (ALL applicants must complete this section.)						
1	Name:	Last:	First:	Middle/Maiden:		
2	Address:	Street/PO/Route:				
		City:	State:	Zip:		
3	Telephone: (Optional)		4	Social Security Number:		
5	Moral Character					
	Have you ever been convicted of a felony or misdemeanor?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If YES, state what crime, date of conviction, name and location of court					
	Crime		Date of Conviction		Name/Location of Court	
	**If you answered Yes to the above, you must request the following documents be sent directly to this office: <ul style="list-style-type: none"> Official Court Record, which includes charges and disposition If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations and proof of treatment (if treatment was obtained and/or required) If you are currently on probation, a letter from your probation officer addressing probationary conditions and your current status A letter from you explaining the circumstances surrounding the conviction(s) 					
	6	Has your license in any health care profession in another state been revoked, suspended, limited or disciplined in any manner?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
**If you answered Yes to the above, you must request the following documents be sent directly to this office: <ul style="list-style-type: none"> An official copy of the disciplinary action, including charges and disposition 						
7	Are you currently, or have you previously been, licensed or certified to practice as an Occupational Therapist or Occupational Therapy Assistant in another State?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8	Have you actively practiced in Nebraska as an Occupational Therapist/Occupational Therapy Assistant prior to licensure?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
				If yes, how many days have you practiced in Nebraska as an Occupational Therapist/Occupational Therapy Assistant?		

Temporary Permit Fee - \$25.00

SECTION B - Permit Application Category (ALL applicants must complete this section.)

<input type="checkbox"/> Occupational Therapist Temporary Permit	<input type="checkbox"/> Occupational Therapy Assistant Temporary Permit
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SECTION C - Education and Field Work Requirements. (ALL applicants must complete Section C. Submit official transcripts showing graduation date from OT or OTA program. If more space is needed, use additional paper.)

Institution Name:			
Address:		Street/PO/Route:	
		City:	State:
		Zip:	
Date of Graduation:		Major:	
Dates of Supervised Field Experience:	From:		To:

SECTION D - (ALL applicants must complete this section.)

Print the name of the Nebraska licensed Occupational Therapist whom you will practice in association with after the issuance of a temporary permit.

Occupational Therapist Name:			
License Number:			
Business Name:			
Address:		Street/PO/Route:	
		City:	State:
		Zip:	

SECTION E - (ALL applicants must complete this section.)

Have you applied to take the National Board of Certification in Occupational Therapy Examination?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, list date of examination			
If yes, have NBCOT submit a confirmation of examination application eligibility notice directly to our office.			
Have you taken the National Board of Certification in Occupational Therapy Examination?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, list date of examination			

SECTION F - Affidavit

I, _____, attest that the preceding information is correct to the best of my knowledge and I further certify that I am of good moral character.

Signature of Applicant

Date